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AUTHOR Vivell, Susan; And Others
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ABSTRACT

Six studies are summarized in which repeatable methods were tested in quasi-experimental settings to test hypotheses relating to a cognitive approach to counseling. In each study, a repeatable mode of counseling was developed, research counselors were trained to a high level of competence, their performance was validated by tape recordings, dependent variables were measures of psychological stress and behavior patterns, and changes in experimental subjects were compared to control subjects. The studies point up several problems which are probably unsolvable with conventional methods. In producing significant changes with different problems and populations, these studies have identified specific weaknesses in traditional methods of counseling research and suggest a means for solving them. (Author/KM)

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ABSTRACT

Six studies are summarized in which repeatable methods were tested in quasi-experimental settings to test hypotheses relating to a cognitive approach to counseling.

In each study, a repeatable mode of counseling was developed, research counselors were trained to a high level of competence, their performance was validated by tape recordings, dependent variables were measures of psychological stress and behavior patterns, and changes in experimental subjects were compared to control subjects.

The studies point up the following problems which are probably unsolvable with conventional methods: psychodiagnostic instruments which measure specific behaviors must be developed in order to identify those who need specific repeatable treatments; to measure counselee progress at least two independent and valid measures are needed for every attempted attitude or behavior change; basic treatments must be expanded to account for individual differences among counselees who share the same common concern; and research must be rigorously conducted so as to demonstrate that counselee changes are due to exposure to replicable counseling treatments rather than to unknown mediating variables.

In producing significant changes with different problems and populations, these studies have identified specific weaknesses in traditional methods of counseling research and suggest a means for solving them in an efficient and accountable manner.

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RECENT DEVELOPMENTS IN EFFECTIVE AND ACCOUNTABLE APPROACHES TO COUNSELING RESEARCH

Susan Vivell Michael Trapp Garth Sorenson

Graduate School of Education

University of California, Los Angeles

Need for Accountability

It appears that the widespread accountability movement will increasingly include all levels of counseling and psychotherapy. Many states have enacted or proposed various forms of accountability legislation.

We think this important direction means that guidance personnel and therapists should begin doing two things; 1) supplying objective evidence of preplanned changes in counselees, and, 2) demonstrating that these changes are due to their therapeutic strategies rather than to undescribed mediating variables.

These added dimensions of professional expertise challenge those providing psychological services to develop appropriate accountability procedures. It would seem that these new techniques must include:

1) diagnosis and specification of measurable counseling goals;
2) treatment-specific progress measures;
3) sufficiently described, (as to be replicable), treatment procedures; and
4) proof that treatments are being followed and are causing the desired behavior or attitude change.

Over the last few years in the counseling and educational psychology

program at UCLA, studies have been conducted to test hypotheses relating to a cognitive approach to counseling. In these studies, repeatable methods were used in quasi-experimental settings.

Studies which have followed this approach include teaching Vietnam veterans (Bates, 1971) and urban high school students (Vivell, 1972) self-control and time scheduling; teaching person-oriented and task-oriented student teachers to cope with anxieties produced by interaction with supervisors and pupils (Quinn, 1970); and teaching mothers skills for increasing the reading effectiveness of their children (Duff, 1972; Perry, 1972).

Procedures for Accountability

In each study, the target population is described in terms of:

1) a common set of behaviors and/or feelings;
2) a specification of when and how often these behavior and/or feelings occur;
3) those events antecedent to the target behaviors or feelings;
4) actions taken in response to the problematic events, including a distinction between productive and nonproductive responses; and,
5) the individuals' interpretations or beliefs concerning their responses to the problematic events.

Using the population of veterans in one of the studies as an illustration, it was found by Bates that the behaviors common to this target population were postponing study, not completing study tasks, and not organizing study time. These behaviors were general across all study situations. The behaviors were triggered by the presence of friends, the distraction of television,

and boredom with the assignment. As a result, most assignments were poorly done or not done at all. The subjects were motivated to change their behavior, but felt that they did not have the necessary skills.

Using formative evaluation procedures, pilot studies with small samples of the target population were conducted, and the treatment was revised until the specific counseling strategy seemed to be effective in creating positive behavior change. At this point, a formal summative experiment was conducted. What was being tested was a repeatable mode of counseling characterized by interview guides and decision-making rules for the counselor. Other counselors were trained to a high level of competence in administering the treatment, and their performance was validated by audio tape recordings; thus demonstrating that the counseling strategy could be taught to and repeated by other counselors. Dependent variables consisted of treatment-specific measures of psychological stress and behavior patterns, and changes in experimental subjects were compared with those of matched control subjects.

The specific question under examination in this study involved applying a counseling treatment to college preparatory veterans whose study habits were characterized by disorganization, procrastination, and distraction. The treatment involved teaching them the component skills of time management--beginning a task without postponement, sticking with a task until completion, and planning and organizing study time.

General Findings

Using the above research procedure has resulted in three generalized findings:

1) progress is fastest when the counselee has beliefs consistent with

what the counselor is trying to teach;

2) group counseling is more effective and efficient than individual counseling;

3) treatments are most effective when they follow a sequence in which the counselor and counselee analyze the nature of the psychological stress (e.g., boredom, anxiety, guilt, loneliness), when the stress occurs, the stimuli that trigger it, and the counselee's behavior patterns or beliefs in relation to the stimuli.

This sequence is then followed by a program in which the counselor teaches the counselee a set of rules which enables the counselee to reduce the occurence of the events or to cope with them. The counselor provides the counselee practice in applying these rules, both during and outside of the counseling session.

Implications for Demonstrating Accountability

These studies have also pointed up the following problems which do not appear to be solvable by conventional methods:

1) psychodiagnostic instruments which measure specific behaviors must be developed in order to identify those who need a specific treatment;

2) at least two independent and valid measures are needed for every attempted change in order to accurately measure progress;

3) basic treatments must be constructed in order to account for individual differences among counselees who share the same common concern; and,

4) experimental field testing must be rigorously conducted to provide

evidence that counselee change is due solely to the independent treatment variable.

With reference to psychodiagnostic instruments which measure specific behaviors, these research findings suggest that short, cross-validated measures from several different sources are both an accurate and parsimonious means of identifying specific problems and concerns. One measure might be a classroom checklist, on which teachers record their observations of student behavior in operationally defined categories. Another measure might be a counselor interview guide, on which student responses are classified into predetermined categories. Other appraisal methods might consist of student self-report measures. Traditionally recorded kinds of student behavior, (grades, absences, etc.), may also be of use. Given the kinds of data that generally comprise a student's personal file, it would seem reasonable that information obtained from the measures just described would be of vastly greater diagnostic value to counselors than IQ scores or vague teacher references to good or poor citizenship.

Developing measures for a specific diagnostic purpose also means that they can be used again and again to systematically record a student's progress. Thus, the cross-validated psychodiagnostic instruments also serve as counselee progress measures.

Another problem mentioned was that of increasing the effectiveness of basic treatments in order to account for individual differences among counselees who share the same common concern. For example, while a group of students may share the common problem of poor study habits and time scheduling, some of them may think that they can change their behavior with the right instruction and some practice--while others, who have come to

experience school as a sequence of unavoidable failures, may feel that no amount of effort will ever make a difference in changing their behavior, even though they would like to experience the success that they see others experiencing.

While emphasizing the need for treatments that account for individual differences among counselees, it is also imperative for counselors to have these treatment strategies available. That is, we need specific treatments for specific problems. Especially valuable to the school counselor would be not only programs for teaching time management and impulse control, but also programs for teaching interpersonal skills, communication skills, and career decision-making skills.

Finally, these programs must be thoroughly tested through means of formative evaluation by which counseling programs are developed and continually evaluated and refined.

Summary

In summary, then, these studies point out an accountability model for research in counseling which follows a systematic process of identifying the need for developing, testing, and revising counseling programs until it can be demonstrated that there is a significant difference in the behavior of experimental subjects relative to control subjects, and that the only mediating variable was the repeatable treatment itself.

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